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**OFFICE OF PUBLIC INSTRUCTION**

PO BOX 202501  
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(406) 444-0169 (TTY)

**Linda McCulloch**  
Superintendent

October 2004

To: School Food Authority Administrators/Food Service Managers

From: Christine Emerson, Director  
School Nutrition Programs

Re: School Breakfast Program Start-Up Funds

The School Breakfast Program ensures that all children have access to a healthy breakfast at school to promote learning readiness and healthy eating behaviors. If a school in your district does not offer breakfast, you may be eligible to receive funds to start a program.

Assistance is available as a result of a Cy Press award in an antitrust case to provide start-up funds for school districts to establish school breakfast programs. Schools will receive a one-time award of \$1,500 to implement a breakfast program during the 2004-05 school year.

You may apply for funds for one or more schools in your district that did not have a school breakfast program prior to the beginning of the 2004-05 school year. You are not eligible to receive start-up funds if your district: (a) requested to amend the agreement with School Nutrition Programs to include the breakfast program, and/or (b) submitted claims for reimbursement for breakfast meals served prior to the 2004-05 school year for a school(s) in your district.

To be considered for start-up funds, the attached application must be completed and returned it to School Nutrition Programs by November 16, 2004.

If you have questions about the School Breakfast Program start-up funds, please call (406) 444-2501.

Attachment

**SCHOOL BREAKFAST PROGRAM START-UP FUNDS  
APPLICATION**

To be considered for School Breakfast Program start-up funds for the 2004-05 school year, School Nutrition Programs must receive this completed application by November 16, 2004.

Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501

District Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

You may apply for funds for one or more schools in the district that did not have a school breakfast program prior to the beginning of the 2004-05 school year.

School(s) Planning to Begin Breakfast Program	Enrollment	Percent Free/Reduced
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount Requested (\$1,500 maximum): \_\_\_\_\_

Does your district have staff, parent, and community commitment to the School Breakfast Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to make the breakfast program available to all students within the school; serve breakfasts that meet the federal nutrition standards provided in 7 CFR 220.8; and provide free and reduced-price breakfasts to children determined eligible under 7 CFR 245.3.

_____ Superintendent/Administrator Signature	_____ Date
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See instructions and selection criteria on the other side.

## INSTRUCTIONS FOR COMPLETION

- ✓ Please type or print legibly.
- ✓ Provide the district name and telephone number.
- ✓ Include the school(s) that will be implementing a breakfast program during the 2004-05 school year. To be eligible for the start-up funds, the school(s) in your district must not have participated in the School Breakfast Program before the 2004-05 school year.
- ✓ Enter the enrollment as of October 4 for each school listed on the application. Use the information that is submitted in the fall enrollment report to the Office of Public Instruction.
- ✓ Enter the percent of students eligible for free meals plus percent of students eligible for reduced price meals as of October 31 for each school entered on the application. Use the information that is submitted on the October Report.
- ✓ Enter the amount of start-up funds requested. You may request a maximum of \$1,500.
- ✓ Answer yes or no to the question regarding district and community commitment to the School Breakfast Program. The district is expected to continue the breakfast program in the school(s) receiving start-up funds unless there is good reason to discontinue.
- ✓ The superintendent/administrator must sign and date the form.
- ✓ Mail the completed application to: Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 by November 16, 2004. Do not fax the form.

## SELECTION CRITERIA

<u>Criteria:</u>		<u>Points:</u>
✓ No Program Prior to 2004-05 (ineligible if prior program)		50
✓ Received by Due Date		15
Not Received by Due Date		0
✓ Number of Students Impacted (enrollment)	>100	15
	50-99	10
	<50	5
✓ Free/Reduced % for School or Average of Schools	>70%	15
	50%-69%	10
	<50%	5
✓ District/Community Commitment		<u>5</u>
		100 Maximum Points